

PCT**REQUEST**

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) 758.1824WOU1**Box No. I TITLE OF INVENTION**

TOP LOAD LIQUID FILTER ASSEMBLY FOR USE WITH TREATMENT AGENT; AND, METHODS

Box No. II APPLICANT

This person is also inventor

| | |
|--|--|
| Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> | Telephone No. |
| DONALDSON COMPANY, INC. 1400 West 94th Street P.O. Box 1299 Minneapolis, Minnesota 55440-1299 United States of America | Facsimile No. |
| | Teleprinter No. |
| | Applicant's Registration No. with Office |

| | |
|--|--|
| State (that is, country) of nationality: US | State (that is, country) of residence: US |
|--|--|

This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

| | |
|--|---|
| Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> | This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i> Applicant's registration No with Office |
| MANDT, Brian 448 Hillwood Drive Shakopee, Minnesota 55379 United States of America | |

| | |
|---|--|
| State (that is, country) of nationality: US | State (that is, country) of residence: US |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box | |

Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:



agent



common representative

| | |
|---|--|
| Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i> | Telephone No. 612/336-4711 |
| BRUESS, Steven C. Merchant & Gould P.C. P.O. Box 2903 Minneapolis, Minnesota 55402-0903 United States of America | Facsimile No. (612) 336-4751 |
| | Teleprinter No. |
| | Agent's Registration No. with Office 34,130 |

| | |
|--------------------------|---|
| <input type="checkbox"/> | Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent. |
|--------------------------|---|

Continuation of Box No. III

FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS

If none of the following sub-boxes is used, this sheet is not to be included in the request.

| | | |
|--|---|---|
| Name and address GULSVIG, Brent A. 17465 Hunt Lake Trail Faribault, Minnesota 55021 United States of America | (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) | This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) |
| | | Applicant's registration No. with Office |

| | |
|---|--|
| State (that is, country) of nationality: US | State (that is, country) of residence: US |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box | |

| | | |
|--|---|---|
| Name and address HACKER, John R. 5614 Saint Andrews Avenue Edina, Minnesota 55424 United States of America | (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) | This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) |
| | | Applicant's registration No. with Office |

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|---|--|
| State (that is, country) of nationality: US | State (that is, country) of residence: US |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box | |

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|--|---|--|
| Name and address State (that is, country) of nationality: US | (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) | This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) |
| | | Applicant's registration No. with Office |

| | |
|--|--|
| State (that is, country) of nationality: US | State (that is, country) of residence: US |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box | |

| | | |
|--|---|--|
| Name and address State (that is, country) of nationality: US | (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) | This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) |
| | | Applicant's registration No. with Office |

| | |
|--|--|
| State (that is, country) of nationality: US | State (that is, country) of residence: US |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box | |

Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATIONS

The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.

However,

- DE Germany is not designated for any kind of national protection
 KR Republic of Korea is not designated for any kind of national protection
 RU Russian Federation is not designated for any kind of national protection

(The check-boxes above may be used to exclude (irrevocably) the designations concerned in order to avoid the ceasing of the effect, under the national law, of an earlier national application from which the priority is claimed. See the Notes to Box No. V as to the consequences of such national law provisions in these and certain of States.)

Box No. VI PRIORITY CLAIM

| Filing date of earlier application (day/month/year) | Number of earlier application | Where earlier application is: | | |
|---|----------------------------------|---|--|--|
| | | national application: country or Member of WTO | regional application: * regional Office | international application: receiving Office |
| item (1) 05 March 2004 05.03.2004 | 60/550,505 | US | | |
| item (2) 22 October 2004 22.10.2004 | 60/621,421 | US | | |
| item (3) 22 October 2004 22.10.2004 | 60/621,426 | US | | |

Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

all items item (1) item (2) item (3) other, see Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY**Choice of International Searching Authority (ISA)**

(If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / EP

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year): Number: Country (or regional Office):

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark applicable check-boxes below and indicate in the right column the number of each type of declaration):

- | | | |
|--|--|---|
| <input type="checkbox"/> Box No. VIII (i) | Declaration as to identity of the inventor | : |
| <input type="checkbox"/> Box No. VIII (ii) apply | Declaration as to the applicant's entitlement, as to the international filing date, to for and be granted a patent | : |
| <input type="checkbox"/> Box No. VIII (iii) claim | Declaration as to the applicant's entitlement, as to the international filing date, to the priority of the earlier application. | : |
| <input type="checkbox"/> Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designations of the United States of America) | : |
| <input type="checkbox"/> Box No. VIII (v) | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty | : |

Box No. IX CHECK LIST; LANGUAGE .. FILING

| | | | |
|--|------|---|----------------------|
| This international application contains: | | This international application is accompanied by the item(s) marked below: | |
| (a) In paper form, the following number of sheets: | | | |
| request (including declaration sheets | : 4 | <input checked="" type="checkbox"/> fee calculation sheet | Number of items 1 |
| description (excluding sequence listing and/or tables related thereto) | : 17 | <input type="checkbox"/> original separate power of attorney | 0 |
| claims | : 3 | <input type="checkbox"/> original general power of attorney | 0 |
| abstract | : 1 | <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 0 |
| drawings | : 3 | <input type="checkbox"/> statement explaining lack of signature | |
| Sub-total number of sheets | : 28 | <input type="checkbox"/> priority document(s) identified in Box No VI as item(s): | |
| sequence listing | : | <input type="checkbox"/> translation of international application into (language): | |
| tables related thereto | : | <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material | |
| <i>(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)</i> | | | |
| Total number of sheets | : 28 | <input type="checkbox"/> sequence listing in computer readable form (<i>indicate type and number of carriers</i>) | |
| (b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i)) | | <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) | |
| (i) <input type="checkbox"/> sequence listing | | <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter | |
| (ii) <input type="checkbox"/> tables related thereto | | <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column | |
| (c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii)) | | <input type="checkbox"/> tables in computer readable form related to sequence listing (<i>indicate type and number of carriers</i>) | |
| (i) <input type="checkbox"/> sequence listing | | <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quarter) only (and not as part of the international application) | |
| (ii) <input type="checkbox"/> tables related thereto | | <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quarter) | |
| Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the sequence listing: <input type="checkbox"/> sequence listing; <input type="checkbox"/> tables related thereto: <i>(additional copies to be indicated under items 9(ii) and /or 10(ii), in right column)</i> | | <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column | |
| | | <input checked="" type="checkbox"/> Other (specify): <i>Gen. Transmittal (in dupl.), Return Postcard.</i> | |

Figure of the drawings which should accompany the abstract: 0

Language of filing of the international application: English

Box No. X SIGNATURE OF APPLICANT OR AGENT OR COMMON REPRESENTATIVE

*Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).*By 
Bruess, Steven C.

| | |
|---|--|
| For receiving Office use only | |
| 1. Date of actual receipt of the purported international application: | |
| 3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application: | |
| 4. Date of timely receipt of the required corrections under PCT Article 11(2): | |
| 5. International Searching Authority (if two or more are competent): ISA/ | 6. Transmittal of search copy delayed until search fee is paid |
| 2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received: | |

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

PCT

FEE CALCULATION SHEET
Annex to the Request

For receiving Office use only

International application No.

Applicant's or agent's
file reference 00758.1824WOU1

Date stamp of the receiving Office

Applicant
DONALDSON COMPANY, INC.

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE

300 T

2. SEARCH FEE

1920 S

International search to be carried out by EP
(If two or more International Searching Authorities are competent in relation to the international application, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FILING FEE

Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets }
Where items (b) and/or (c) of Box No. IX do not apply, enter Total number of sheets } 28

i1 first 30 sheets..... 1134 i1

i2 0 x 12 = 0 i2
number of sheets fee per sheet
in excess of 30

i3 additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii):

400 x 0 = 0 i3
fee per sheet

Add amounts entered at i1, i2 and i3 and enter total at I.....

1134 I

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the international filing fee.)

4. FEE FOR PRIORITY DOCUMENT

60 P

5. TOTAL FEES PAYABLE

3414

Add amounts entered at T, S, I and P,
and enter total in the TOTAL box

TOTAL

MODE OF PAYMENT

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> authorization to charge deposit account (see below) | <input type="checkbox"/> bank draft | <input type="checkbox"/> coupons |
| <input type="checkbox"/> cheque | <input type="checkbox"/> cash | <input type="checkbox"/> other (specify) |
| <input type="checkbox"/> postal money order | <input type="checkbox"/> revenue stamps | |

DEPOSIT ACCOUNT AUTHORIZATION (this mode of payment may not be available at all receiving Offices)

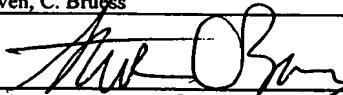
- Authorization to charge the total fees indicated above.
 (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit.) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.
 Authorization to charge the fee for priority document.

Receiving Office: RO/US

Deposit Account Number: 13-2725

Date: 04.03.2005

Name: Steven, C. Bruggs

Signature: 

See Notes to the fee calculation sheet